

City of Madison Parks & Recreation Department
8324 Madison Pike
Madison, AL 35758
(256) 772-9300

SWIM LESSON REGISTRATION FORM

PLEASE PRINT

NAME: _____ AGE: _____ SEX: _____ D.O.B. _____

ADDRESS: _____ CITY: _____ ST. _____ ZIP: _____

PHONE: _____ CELL: _____ E-MAIL: _____

LIST ANY PHYSICAL PROBLEMS/RESTRICTIONS: _____

LIST ANY MEDICATIONS: _____

PHYSICIAN: _____ PHONE: _____ INSURED BY: _____

EMERGENCY CONTACT: _____ PHONE: _____

FATHER/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

EMPLOYER: _____ PHONE: _____ (EXT) _____

MOTHER/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

EMPLOYER: _____ PHONE: _____ (EXT) _____

I/We, the undersigned, parent(s)/guardian(s) of the participant, do hereby authorize the instructors, or parents of other swimmers acting in the capacity of activity supervisors/vehicle driver as agents of the undersigned to consent to medical, surgical or dental examination treatment, etc. In case of emergency, I/We hereby authorize treatment and/or care for registered player at ANY hospital. If there is an emergency and I/We cannot be reached, please contact the above specified person.

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local recreation department, instructors, supervisors, participants and persons transporting my/our child to or from activities for claim arising out of an injury to my/our child, except to the extent covered by accident or liability insurance.

SIGNED: _____ DATE: _____

OFFICE USE ONLY

PAID: \$ _____ CHECK # _____ CASH: _____ RECEIPT #: _____

SESSION: _____ LEVEL: _____ POOL: _____ TIME: _____

NO REFUNDS